

EFFECTIVE DATE:	March 1, 2013
REVISION DATE:	<b>October 1, 2013</b>
SUBJECT:	<b>CONTRACT ADMINISTRATION &amp; MONITORING PROTOCOL FOR DELEGATE AGENCIES/CONTRACTORS</b>

### Summary

- 1) Applies to all Department of Human Services (DHS) Delegate Agency Contracts (to include Operating Agreements, Funding Agreements and Interlocal Agreements).
- 2) Identifies roles and responsibilities of the DHS Director, Contract and Fiscal Monitors and Contract Administrator and Department Fiscal Administrator.
- 3) Provides requirements for Contract and Fiscal Notebook Files (Attachment 1 & 2).
- 4) Details the Contract and Fiscal review and approval of contractor expense invoices (Attachment 3). Establishes timelines for invoice approval and submission for payment.
- 5) Details the timing and content of the Contract Monitoring Report (CMR) (Attachment 4) and defines responsibilities for review and analysis.
- 6) Outlines acceptable performance and fiscal/budget compliance levels that require the Contract Monitor to notify the supervisor of contractor underachieving in performance measures. The supervisor is still required to analyze the CMR's MONTHLY, and areas of concern must be reported to the Contract Administrator.
- 7) Details procedures to amend or modify Contract performance measures and budgets.
- 8) Requires the Contract Monitor to complete the Contract Administration Plan checklist within the first 60 days of execution of the contract (Attachment 5).
- 9) Requires the Contract Monitor to complete a minimum of one (1) Contract Compliance Monitoring Tool and Program Performance Review Tool (Attachment 6 & 7) by the *fourth month* of the contract year for **High Risk** contracts and additional quarterly Program Performance Reviews thereafter, if necessary. Contract Monitor will complete one (1) Program Performance Review and Contract Compliance Monitoring Tool by the *seventh month* of the contract year for **Low Risk** contracts.
- 10) Requires the Fiscal Monitor to complete a minimum of one (1) Fiscal Review Tool (Attachment 9) by the *fourth month* of the contract year for **High Risk** contracts and additional quarterly

reviews thereafter, if necessary. Fiscal Monitor will complete one (1) Fiscal Review Tool by the *seventh month* of the contract year for **Low Risk** contracts.

- 11) Details responsibilities for the End of Contract Review (Attachment 10).
- 12) Provides actions to be taken when the Contractor does not comply with the contract.

**Note:** These are MINIMUM guidelines and not all inclusive. Situations may arise that require additional monitoring and other related tasks to ensure all guidelines and requirements are met as required by funding sources and law.

### A. Purpose

The purpose of this Department Directive is to define the responsibilities and procedures for contract administration and the monitoring of delegate agency contracts within DHS.

This Department Directive applies to all delegate agency contracts regardless of the funding source. In contract situations where a funder has reporting requirements or procedures that are different from those specified in this Directive, both the funder and DHS requirements should be met. DHS will resolve any incompatible procedures or requirements.

### B. Responsibility and Guidance

The Director has the overall responsibility for administering and monitoring all DHS contracts.

The Contract Administrator is delegated the responsibility of ensuring program performance and contract compliance. The Contracts Management Division monitors, oversees agency performance, and reviews invoices to ensure accuracy and whether expenditures are allowable prior to approval. Reviewed invoices are submitted within five (5) business days of receipt from the agency to the Fiscal Division via email for review and approval. The Department Fiscal Administrator (DFA) assigns a Fiscal Monitor to process and submit invoices for payment to the COSA Finance Department within twelve (12) business days.

Contracts should be administered in accordance with (1) the City Procurement Policy and Procedures Manual, (2) Funder Guidelines, and (3) this Department Directive.

### C. Definitions and Acronyms

The following definitions apply to the terms or acronyms used in this Directive:

- a. Amendment: A change to the contract terms and/or an increase or decrease to the total funded award amount of the contract.
- b. SA2020 Scorecard: Identifies the performance measures that are part of the contract. These measures are monitored on the monthly Contract Monitor Report.

- c. Budget Revision: Shifts in a budget line item as long as the total budget amount remains the same.
- d. Contract Administrator: The sole individual vested with the responsibility to ensure the Contractor delivers the goods or services for which the contract was awarded.
- e. Contract Monitor: The individual vested with the responsibility of ensuring that all contract requirements are met. Ensures all invoices are properly reviewed when submitted and expenditures are allowable, necessary, and reasonable and are within the budgeted line item amounts. Maintains a monitoring file that includes a completed Contract Administration Plan checklist, Contract Compliance Monitoring Tool and a Program Performance Review Tool (Attachment 5, 6 & 7).
- f. Contract Monitoring Report (CMR): Performance measuring tool submitted by the Contractor on a monthly basis that includes planned and actual measures.
- g. Contractor: An organization selected through the City's Consolidated Funding Process (or other procurement process) and under contract with DHS to provide goods or services to eligible clients; also referred to as a "Delegate Agency".
- h. DHS: The Department of Human Services; also referred to as the "Department."
- i. Department Contract Management Division: Develops, implements, and monitors contracts.
- j. Department Fiscal Administrator: The sole individual vested with the responsibility to ensure the contractor is reimbursed for the goods or services for which the contract was awarded.
- k. End of Contract (EOC) Review: Summarizes all performance and fiscal activity at the end of each contract year (Attachment 10).
- l. Fiscal Department: Provides final approval of all delegate agency invoices and monitors delegate agency spending.
- m. Fiscal Monitor(s): The individual vested with the responsibility to approve and ensure all invoices are properly reviewed when submitted. Ensures budgeted and allowable expenses are reimbursed. Monitor maintains a Fiscal Monitoring file that contains the outlined documents in Section H in the Notebook Files for Fiscal Monitors. Maintains expenditures and balances on all delegate agency contracts and confirms allowable expenditures.
- n. Performance Measure(s) (PM): Identified in the SA2020 Scorecard.
- o. Contract Risk Assessment: Used to determine the type and frequency of monitoring of DHS's contracts.



**D. Contract Risk Assessment**

Contract risk assessment and monitoring requirements will be assigned to all contracts and Inter-local agreements based on the following guidelines:

**HIGH RISK**

- After contract execution, delegate agencies qualifying under this contract category are required to (a) complete a Contract Administration Plan Checklist within 60 days, (b) complete a Contract Compliance, Program Performance Review and a Fiscal Review by the fourth month of the contract year; and (c) complete additional Program and Fiscal Reviews quarterly as deemed appropriate. An agency or agency program that is initially deemed high risk and has a positive or favorable 1<sup>st</sup> quarter review may not need a 2<sup>nd</sup> quarter review, but only the 3<sup>rd</sup> quarter review with the Contract Administrator and/or Fiscal Administrator approval.
- The following criteria is used to determine HIGH RISK:
  - 1) Total Delegate Agency contract awards of \$1,000,000 or more (unless 'exemplary performance' has been exhibited);
  - 2) Problems related to performance and/or contract compliance problems;
  - 3) High turnover within an agency/program;
  - 4) New/recently established agency/program;
  - 5) Negative results of recent COSA reviews or other external agency audits (to include fiscal analysis);
  - 6) Management interest in the program.

**LOW RISK**

- After contract execution, delegate agencies qualifying under this contract category are required to (a) complete a Contract Administration Plan Checklist within 60 days and (b) complete a Contract Compliance, Program Performance Review and Fiscal Review by the seventh month of the contract year.
- The following criteria is used to determine LOW RISK:
  - 1) Total Delegate Agency contract awards below \$1,000,000;
  - 2) Complying with the provisions of their contract;
  - 3) Accurately submitting required reports and documentation within stated timelines.

**E. Contract Monitor and Fiscal Monitor Coordination**

Each contract has a Contract Monitor assigned by the Contract Administrator and a Fiscal Monitor assigned by the Department Fiscal Administrator. Both monitors must coordinate their review efforts to ensure contract compliance. Both monitors should have a copy of the executed contract and the Contractor's approved budget within their files. Monitors collectively ensure the contractor meets all terms and conditions of the contract and is only paid for goods or services covered by the contract.



## **F. Contract Administration Plan**

The Contract Monitor will complete the Contract Administration Plan Checklist within 60 days of execution of the contract. The checklist is mandatory for all contracts. The Contract Administration Plan identifies elements of the COSA contract to adequately monitor the contract. The standard COSA contract requires the Contractor to provide program documentation to the City. The Contract Monitor identifies the required documentation in the Contract Administration Plan, collects and reviews Agency submitted documentation for adequacy and compliance, and retains submitted documents in the Monitoring File or scans and places the documents in the Divisions SharePoint. If this is a recurring contract with a Contractor and the standard documentation has previously been submitted, then the Contract Monitor does not need to request the information again. **However**, agencies must be advised they are to report changes that have occurred since the last contract year and are not reflected. This will be an item Contract Monitors must review yearly on recurring contracts and request from the Agency.

## **G. Monitoring**

DHS monitoring will include desk reviews, on-site checks/observations, follow-up visits, monthly reviews of contractor monitoring reports (CMRs), contract compliance checklist, performance checklist and a fiscal review tool. The contract compliance checklist will be completed at a minimum of once per year. One contract compliance checklist is needed per Contract, however all contract notebooks must contain an updated checklist. A performance checklist will be completed in accordance with the risk level of the contract. All contracts will receive an End of Contract Review.

## **H. Monitoring Schedule**

The Contract Administrator and the Department Fiscal Administrator will establish an Annual Monitoring Schedule which will identify the monitoring strategy for that contract year. The monitoring schedule will include 2-3 monitoring visits a year for high risk agencies and once a year visits for low risk agencies. The Fiscal Administrator and Contract Administrator will develop a monitoring plan of joint reviews to be conducted for the upcoming fiscal year by November 30<sup>th</sup>. An approved monitoring schedule will be posted to the shared drive and provided to the agency ahead of time.

## **I. Monitoring Files**

Both the Contract Monitor and Fiscal Monitor must maintain separate monitoring files for each contract/program.

Each monitoring file must be current and contain at a minimum all of the documentation shown in Attachment 1. Any mandatory contract items that are not provided by the Agency within the stated contract deadlines should be reported to the Contract Administrator and/or the Department Fiscal Administrator.

The Contract Monitor will maintain an electronic Contract Monitoring File on each Contract. The Contract Monitoring File (Attachment 1) shows the required compliance documentation that must be collected, reviewed and retained in the Contract Monitoring File.

The Fiscal Monitor will maintain a Fiscal Monitoring File (Attachment 2) *on each contract*.

#### **J. Contract Compliance Checklist**

The Contract Compliance Monitoring Tool (Attachment 6) is a tool used by the Contract Monitor to ensure the Contractor complies with their COSA contract. All items on the checklist are mandatory, and only a modification or waiver to the standard COSA contract would relieve the requirement. The Contract Monitor should complete the initial checklist during the same time as the Program Performance Review or as documents are received and as compliance is observed while visiting the Contractor. (One contract compliance checklist should be completed per agency program;). Note: This Contract Compliance Checklist may be sent to the Agency to expedite the collection of necessary data in advance of the visit and used as a self-evaluation tool.

For all new contracts, the Contract Monitor will hand deliver the executed contract to the Agency and meet with the appropriate staff to discuss the checklists and address the CMR's (fiscal and performance measures), any program issues, reporting deadlines, and future performance of the contract.

#### **K. Program Performance Review Tool and Agency Fiscal Review Tool**

The Program Performance Review Tool (Attachment 7) contains steps to measure the Contractor's data reporting on performance measures and client services. The checklist also tests Agency compliance with Grantor requirements, if applicable. This performance review should use the most current contract, fiscal, and performance data. If available, the Contract Monitor should also review the prior year contract data and the last quarter data as a comparison to determine any significant variances or trends. The Program Performance Review Tool contains sections to summarize the review data and to make appropriate recommendations to the Agency. The Contract Monitor will complete the Program Performance Review Tool in accordance with the contract risk level.

During the program performance review, the Contract Monitor is verifying agency support documentation that has been reported to the City and verification of services provided.

The Fiscal Monitor will test the Contractor's accounting records and support for expenses in completing the Fiscal Review Tool (Attachment 9). The Fiscal Monitor will complete the Fiscal Review Tool in accordance with the contract risk level.

The Contract Monitor must be knowledgeable of program requirements stipulated by the Grantor. The Grantor may have reporting requirements, require in-kind or match funds, specify

eligibility criteria, and require program audits. The Contract Monitor must ensure the Contractor meets all Grantor requirements to include funding.

#### **L. Protocol for Conducting Coordinated Agency Reviews**

The protocol for conducting the Agency Performance and Fiscal Review is as follows:

1. The Contract Monitor, in concurrence with the Fiscal Monitor, via e-mail informs the Agency of the pending performance and fiscal review of the contract. Notification should be provided to the agency no later than two weeks prior to the scheduled monitoring visit. A mutually agreed upon time for the review is scheduled. All monitoring tools, sample requests and program site visits should be planned and coordinated to the agency prior to the scheduled monitoring visit.
2. At the beginning of the review, the Contract Monitor and Fiscal Monitor will explain the performance and fiscal review process. The Contract Monitor should have already completed the Contract Administration Plan Checklist. Any open items should be collected during this site review.
3. Both the Contract Monitor and Fiscal Monitor will have already performed desk reviews of Agency expense invoices when they complete monthly Invoices. Any Agency issues should be reviewed in more detail during the site reviews. Fiscal Monitors should test preselected invoice samples and any other current accounting transactions in accordance to fiscal policy. If needed, the monitor will compare current to prior Fiscal Year transactions.
4. The Contract Monitor and Fiscal Monitor use their performance and fiscal review tools to record their observations and findings. An "observation" identifies a condition that does not warrant a "finding", but may in the future if the condition persists or is not corrected. The Contract Monitor and Fiscal Monitor should provide recommendations for the area needing improvement. In addition, technical assistance should be provided and documented in the Monitoring File.
5. The Contract Compliance Tool and the Program Performance Review Tools will be made final within twelve (12) business days from completion of the review with the Contractor. The Fiscal Review Tool will be made final within fourteen (14) business days of the completion of the review tool by the fiscal monitor. The Contract Monitor and Fiscal Monitor will obtain Agency signatures for their respective reviews. If there are major compliance, performance and/or fiscal issues, the Contract Administrator/Fiscal Administrator sends a letter to the agency CEO/Executive Director, Board of Directors, and the Program Manager regarding the results of the review and the agency has ten (10) business days from the date of the letter to return a Corrective Action Plan (CAP) to DHS. The Administrator notifies the Department Director and necessary corrective actions may be required on the part of the Agency. If no issues are noted, the Contract Administrator/Fiscal Administrator sends a letter to the agency CEO/Executive Director, Board of Directors, and the Program Manager



regarding results of review *and no further action is taken*. Copies of the letter and monitoring tools are placed in Contract Monitoring and Fiscal Monitoring Files on the shared drive.

6. If the CAP is adequate and submitted within the allocated ten (10) business days, the agency may have up to 30 to 60 calendar days from date of the CAP letter to implement its plan. DHS will follow-up to ensure the CAP is implemented [Program & Fiscal staff will work with the agency to assist with compliance issues. Staff may make site visits depending on the issue or concern]. If the CAP is not returned within the allocated ten (10) business days, the Monitor will follow-up with the agency and a letter may be sent to the agency regarding the pending CAP.
7. If the CAP is inadequate, the agency has five (5) business days from DHS' receipt of letter to resubmit an adequate CAP that addresses issues noted in the review. If an adequate CAP is subsequently submitted within the five (5) business days, the agency may have up to 30 to 60 calendar days from date of CAP letter to implement the plan. DHS will follow up to ensure the CAP is implemented [Program & Fiscal staff work with the agency to assist with compliance issues. Staff may make visits depending on issue of concern]. If the adjusted CAP remains inadequate and/or is not returned within the five (5) business days, the Administrator signs a letter to be sent to the agency regarding non-compliance and may result in suspension of payments.
8. The Contract Management Division will continue to track status and follow progressive steps until compliance is achieved. If the agency achieves compliance as determined by the monitor and monitor's supervisor, the monitor's supervisor will forward a letter to the Contract Administrator for signature. The letter is then sent to the agency noting that compliance for the contract has been restored. If the agency does not achieve compliance as determined by the monitor(s), the Contract Administrator will provide direction on how to proceed.

## **M. Monthly Reviews**

### Delegate Agency Invoice Form- (Attachment 3)

The Contract Monitor is the first review level for Contractor submitted invoices and is responsible for: 1) preventing reimbursement of expenditures for an unacceptable level of services or where no services were provided; 2) ensuring billed expenditures are allowable, necessary, and reasonable and within the funding source and intent of the contract; and 3) ensuring expenditures are within line item budgets. Within five (5) business days after receiving the contractor's invoice, the Contract Monitor will email the invoice to "DHS Fiscal" for processing. An electronic copy of the invoice is retained.

The Fiscal Monitor is responsible for ensuring billed expenditures are allowable within the funding source, period of availability, line item budgets and funds are available. The Fiscal Monitor reviews the invoices and if approved it is forwarded to the Finance Department for

payment within twelve (12) business days. If the invoice is rejected, the Fiscal Monitor is to contact the agency and resolve any discrepancies.

The Contract Monitor and Fiscal Monitor will notify each other within two (2) business days of any changes made to the contract, budget, invoices and/or amendments to the contract. Budget revisions from the Agency are submitted to Contract Monitor and processed to the Fiscal Section for review and approval. (NOTE: For Budget Amendments, see Section M).

It is the responsibility of the monitor to notify management of any disallowed costs that amount to \$1,000 or more on an invoice.

#### Contract Monitoring Report (CMR) – (Attachment 8)

Contractors are required to submit a monthly CMR that reports designated performance measures and expenditures (Attachment 4). The CMR is submitted electronically to the Contract Monitor no later than the 15<sup>th</sup> calendar day of the month or as stated in the contract. A standard CMR template has been developed that may not be altered and is available electronically in an Excel spreadsheet format.

The Contract Monitor and designated supervisor are responsible for advising the Contract Administrator of CMR's which have not been submitted electronically by the close of each month. The Contract Monitor is responsible for notifying the Contractor via e-mail on the 20<sup>th</sup> calendar day of the month the CMR was not submitted. A copy should be retained in the Monitoring File. The four primary sections of the CMR are:

- Fiscal data
- Scorecard Performance Measures
- Unduplicated Clients Served by Council District
- Remarks

Each section must be completed as of the end of the month being reported. The Contractor should report the amounts invoiced to DHS for reimbursement as the amount on the CMR. However, if "actual" expenditure invoice data is available after the time of original submission, the Contractor may revise the CMR up to the 25<sup>th</sup> calendar day of the month or for any other changes. The Contract Monitor is responsible for validation of data within the CMR, excluding the budget expenditures. A review/comparison of data being reported by the contractor monthly and previous data reported as well as of updates/revisions will comprise the validation component. Discrepancies and trends should be identified by the Contract Monitor during this activity. The Contract monitor should ensure the Contractors revise their CMR submission for any disallowed invoice costs. The Contract Monitor also reviews the CMR for significant fiscal variances. Contract Monitors must also ensure that all other administrative reporting is in compliance with the contract.

For monthly reported budget/fiscal measures, the Contractor will show the amounts invoiced to DHS for reimbursement. The Contract Monitor should refer to the DHS Delegate Agency Expenditure Spreadsheet on the shared drive to ensure the dollar amounts reflect the actual amount reimbursed to the Contractor. The Contract Monitor will revise the CMR on



SharePoint to reflect the actual amount reimbursed to the Agency. Each month, Fiscal Division will prepare a monthly report to be shared with the Contracts Division on agencies invoice submission.

For performance measures, only those in the Contractor's approved SA2020 Scorecard will be reported. If the Contractor or Division tracks other measures (e.g. to satisfy funding source requirements) those measures will not be reflected on the CMR, but should be reported separately to the managing DHS Division.

Monthly Reviews: As part of the performance measure approval process, the Contractor is required to estimate performance measures (including expenditures) for each month of the contract period. This is done immediately after the contract has been executed. Both the Contractor and the Contract Monitor agree to the projected measures. The Contract Monitor compares the estimated or projected values to the actual value experienced or achieved each month in order to determine year-to-date performance.

The Contract Monitor is responsible for reviewing and analyzing the CMR to detect any significant variances or non-compliance with the contract on a monthly basis. A Contractor must add to the comment section if the agency is over/under performing in any area by 10% monthly. The Contract Monitor must analyze the CMR monthly and report areas of concern to their Supervisor by the twentieth (25th) calendar day of the month following the CMR report period.

**NOTE:** The contractor has until the 25<sup>th</sup> business day to submit a revised CMR or edits on the following monthly CMR. Agency should provide in the remarks section reason for the revision or detail on performance data reported.

Quarterly Reviews: A Contractor that is underperforming in any area by 10% quarterly will require immediate action by the Contract Monitor and designated Supervisor to inform the Contract Administrator. An agency letter will be sent requesting a corrective action plan. The Contract Administrator is responsible for notifying the Director monthly of performance concerns.

The Contract Monitor will request the essential detailed remarks from a Contractor that is not within the above parameters. The Fiscal Monitor must be involved in coordinating a response if the variance is a fiscal issue/variance. .

The Fiscal Monitor will inform the Department Fiscal Administrator of significant conditions impacting a Contractor's budget and invoice payment.

CMR Corrective Action(s):

The Contract Monitor - will include, within their Monitoring File, any contact reports, corrective action plan or documents such as e-mails regarding issues or problem areas discussed with Contractor personnel.



The Monitor will conduct a follow-up review, if necessary; to ensure that corrective action(s) was taken. All results will be documented on the Contract Monitoring Form and filed.

The Director and/or Assistant Director(s) will be informed of all significant issues or problem areas and will provide direction through the Contract Administrator.

Final CMRs:

All CMRs will be posted as final by the 30<sup>th</sup> calendar day of each month in the monitoring file.

**N. Contract Amendments and Modifications**

If there is a budget revision, the Contract Monitor will submit the revision to the Department's Fiscal Section through the review process. **NOTE:** All high risk contracts and any increases in personnel costs will be reviewed by the Contract Administrator, Department Fiscal Administrator and DHS Director.

In accordance with the Contract, if a contract amendment is required, then the Fiscal Section provides the approved budget revision to the assigned Senior Management Analyst in the Contracts Management Division. The Senior Management Analyst will collaborate with the City Attorney's Office in order to draft the appropriate contract amendment. The Contract Monitor will provide the contract amendment to the contractor for original signature. The Contract Monitor is responsible for obtaining two (2) copies of the contract amendment with original signatures. One original will be forwarded to the City Clerk's Office and the second original will be returned to the contractor. The Contract Monitor and Fiscal Monitor will each maintain a COPY of the contract amendment.

**O. End of Contract Review**

The Contract Monitor is required to prepare an End of Contract (EOC) Review of each Agency's contract. The EOC Review will document the contractor's actual expenditures and final performance measure results. The EOC Review addresses the status of any recommendations made during the contract compliance, performance, and fiscal reviews and the corrective action(s) taken by the Agency. The Contract Monitor addresses whether all deliverables were satisfactorily received and all terms and contract conditions were met. The EOC Review format is shown in Attachment 10.

The EOC Review will be completed within 45 days of the end of the contract. The Agency should assist in the compilation of the report so that both the City and Agency agree on the final results of the contract and as per their final CMR. Any problems should be immediately forwarded through the Contract Administrator. Upon approval of the EOC, a copy will be forwarded to the Agency and a copy will also be placed in the Monitoring File and posted on the shared drive.

## **P. Contract Monitoring Form**

The Contract Monitoring Form (Attachment 8) is utilized to document desk reviews, site visits, corrective action follow-up, and any other monitoring outside the required agency monitoring schedule. Technical assistance may also be documented on this form.

If site visits or observations are conducted during the regular scheduled monitoring visit, the Contract Monitor should document on the Agency Program Performance Tool. All other site visits performed outside the required scheduled monitoring reviews are to be coordinated with the agency.

## **Q. Contractor Non-Compliance**

Contractors are required to comply with the provisions of their contracts, operate within the funding agency guidelines (DHS and others) and meet performance requirements. In the event that the Contractor fails to perform services as specified by the terms of the contract, DHS is required to respond with appropriate actions.

Depending on the nature and severity of non-compliance and upon the recommendations of the Contract Administrator, the Contract Administrator/Fiscal Administrator and the Director may suspend payments under the contract and/or immediately seek the de-obligation of funds for the contract, and/or terminate the contract. The Contract Administrator will notify the Department Fiscal Administrator of Agency non-compliance issues and of the actions being taken to suspend, de-obligate funds, or recommend termination. The Fiscal Section will flag the Agency invoices to ensure a thorough review is performed and that only expenses prior to the suspension or de-obligation are paid. The Contract Administrator will ensure that the following actions are taken, as appropriate:

### **i. Written Notification/ Follow-up Site Visit**

The first DHS action is to notify the Contractor in writing of any deficiencies or discrepancies. The Agency staff may be given up to ten (10) business days to respond in writing and explain extenuating circumstances, if any. The Contract Monitor and designated Supervisor are responsible for ensuring the Contract Administrator is apprised of the situation and approval of the Agency response. The Contract Monitor performs a follow-up site review within 30 to 60 calendar days to ensure corrective actions were taken to correct the issue. Agency inaction will result in a warning letter.

### **ii. Warning Letter**

If a problem persists more than 30 calendar days after initial notification, the Contract specifies the Agency issues or problem area(s), provides recommendations for addressing the issues or problems, and establishes a timeline for complying with the recommendations. The letter also indicates consequences for failing to comply with the terms of the warning letter and agency contract. A copy of the warning letter is placed in the Monitoring File.

problems, and establishes a timeline for complying with the recommendations. The letter also indicates consequences for failing to comply with the terms of the warning letter and agency contract. A copy of the warning letter is placed in the Monitoring File.

iii. De-obligation of Funds

In accordance with contractual requirements and concurrence direction from the Department Director, the Contract Administrator will coordinate with the Department Fiscal Administrator and the City's Attorney's office to prepare a letter notifying the Agency of the City's intent to de-obligate funds.

iv. Termination of Contract

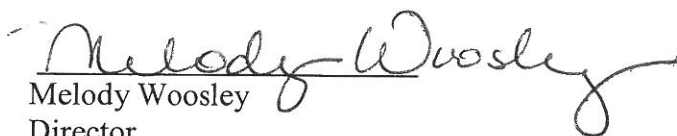
The Director of DHS may terminate a contract in accordance with the funding source and contract terms of the delegate agency.

**U. Exceptions**

The Department Director, Contract Administrator, or Department Fiscal Administrator may request that portions of this Directive not apply to a specific contract or a particular agency. Contracts with one-time allocation of funds are managed on a case-by-case basis.

**V. Attachments**

Attachment 1	Contract Monitoring File
Attachment 2	Fiscal Monitoring File
Attachment 3	Delegate Agency Invoice Form -
Attachment 4	Contract Monitoring Report (CMR)
Attachment 5	Contract Administration Plan Checklist
Attachment 6	Contract Compliance Tool
Attachment 7	Program Performance Review Tool
Attachment 8	Contract Monitoring Form
Attachment 9	Fiscal Review Tool
Attachment 10	End of Contract Report

  
Melody Woosley  
Director  
Department of Human Services



City of San Antonio  
Department of Human Services

**Contract Monitoring File**

The assigned program monitor is responsible for maintaining all relevant information in a Monitoring File (electronic). At a minimum, each file should contain the following folders:

1. Signed Contract, Contract Administration Plan Checklist/Ordinances and Amendments
  - A. Copy of the executed contract including all attachments
    1. Scope of Work
    2. SA2020 Scorecard
    3. Budget
    4. Technical Workbook or Special Provisions
    5. Grantor Contract
    6. Contract Monitoring Report
  - B. Amendments to the contract
2. Funding Guidelines / Special Provisions
3. Budget & Match Documents
4. Monthly Invoices
5. Contract Monitoring Report
6. Contract Administration Plan Checklist
7. Program Performance Review
8. Contract Monitoring Form
9. Employee Handbook
10. Contract Compliance Tool
11. End of Contract Review
12. Organizational Chart
13. Program Brochure

14. Holiday Schedule
15. Board Roster, Agendas, Meeting Schedules, & Meeting Minutes
16. Agency Personnel
17. Agency Charter and Bylaws
18. Participant data sheet / eligibility and fee schedules
19. Certificate of Tax exempt status – IRS 501 (c) 3 or IRS Form 990 and 990T
20. Certificate of Occupancy
21. Certificate of Insurance
22. Agency Fundraising Schedule
23. Annual Agency Financial Statements and Agency Audits
24. Suspension and Debarment
25. Inventory Listing
24. Miscellaneous and Correspondence
25. Program Income
26. Agency Program Policies

City of San Antonio  
Department of Human Services

**Fiscal Monitoring File**

The assigned fiscal monitor is responsible for maintaining all relevant information in a Monitoring File (electronic). At a minimum, each file should contain the following:

1. Signed Executed Contract/Amendments
2. Contract Packet that includes:
  - Original Budget
  - Total Agency Budget
  - Match Verification
  - Cost Allocation Plan
  - Intent to Collect Program Income form
  - 990 Analysis
  - 990 form
  - Audit Review form
  - Audit
3. Budget Revision(s)
4. Advance Payment Inquiries
5. Approved Invoices
6. Approved Fiscal Review Checklist
7. Correspondence



City of San Antonio  
Department of Human Services Invoice Form

Attachment 3

Agency: \_\_\_\_\_ Invoice Date: \_\_\_\_\_  
 Program: \_\_\_\_\_ Invoice #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Inv. Period: \_\_\_\_\_

5101010 SALARIES

Position/Title	Employee Name	Admin \$ Amount	Program \$ Amount
SALARIES FROM EXTENDED SALARY PAGE		0.00	0.00
TOTAL SALARIES		0.00	0.00

	Admin \$ Amount	Program \$ Amount
5103005 FICA	_____	_____
5105010 RETIREMENT	_____	_____
5104030 HEALTH INSURANCE	_____	_____
5103010 LIFE INSURANCE	_____	_____
5402520 WORKER'S COMPENSATION	_____	_____
5402550 UNEMPLOYMENT INSURANCE	_____	_____
5205010 MAIL AND PARCEL POST SERVICE	_____	_____
5206010 RENTAL OF FACILITIES	_____	_____
5205020 RENTAL OF OFFICE EQUIPMENT	_____	_____
5205030 EQUIPMENT LEASING	_____	_____
5207010 TRAVEL - OFFICIAL (Must Provide Supporting Documentation)	_____	_____
5201025 EDUCATION	_____	_____
5203090 TRANSPORTATION FEES	_____	_____

Name	Miles Driven X App. Rate	\$ Amount
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00

TOTAL TRANSPORTATION FEES 0.00

City of San Antonio  
Department of Human Services Invoice Form

Attachment 3

Agency: \_\_\_\_\_ Invoice Date: \_\_\_\_\_  
Program: \_\_\_\_\_ Invoice #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Inv. Period: \_\_\_\_\_

5205050 FREIGHT AND STORATE

5204010 LINEN AND LAUNDRY SERVICE

5204050 MAINTENANCE AND REPAIR - BUILDINGS AND IMPROVE.

5204080 MAINTENANCE AND REPAIR - MACHINERY & EQUIPMENT

5208530 ALARM AND SECURITY SERVICE

5201040 FEES TO PROFESSIONAL CONTRACTORS

Contractor Name	\$ Amount

TOTAL FEES TO PROFESSIONAL CONTRACTORS 0.00

5203040 ADVERTISING AND PUBLICATION

5203050 MEMBERSHIP DUES AND LICENSES

5203060 BINDING, PRINTING AND REPRODUCTION

5203070 SUBSCRIPTIONS TO PUBLICATIONS

5302010 OFFICE SUPPLIES

5303010 JANITOR SUPPLIES

5304005 CLOTHING AND LINEN SUPPLIES

5304010 FOOD FOR PARTICIPANTS

5304025 MOTOR FUEL AND LUBRICANTS

5304040 CHEMICALS, MEDICAL AND DRUGS

5304045 PHOTOGRAPHIC SUPPLIES

5304050 TOOLS, APPARATUS AND SUPPLIES

5304070 RECREATION SUPPLIES

5301010 MAINT. & REPAIR MATERIALS - BUILDING & IMPROVEMENTS

5301030 MAINT. AND REPAIR MATERIALS - MACHINERY & EQUIPMENT

5304075 COMPUTER SOFTWARE

5304080 OTHER COMMODITIES

5403010 COMMUNICATIONS (Telephone&Fax)

5404530 GAS & ELECTRICITY

City of San Antonio  
Department of Human Services Invoice Form

Attachment 3

Agency: \_\_\_\_\_ Invoice Date: \_\_\_\_\_  
Program: \_\_\_\_\_ Invoice #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Inv. Period: \_\_\_\_\_

5404540 WATER

5405030 LIABILITY, HAZARD, FIDELITY INSURANCE

5407020 DIRECT ASSISTANCE PAYMENTS

Type of Assistance	\$ Amount

TOTAL DIRECT ASSISTANCE PAYMENTS 0.00

5501000 COMPUTER EQUIPMENT<\$5,000

5501055 MACHINERY AND EQUIPMENT - OTHER<\$5,000

5501065 FURNITURE AND FIXTURES<\$5,000

Total Expenditures \$ -

Program Income Collected This Invoice Period

*This represents current expenses for which the City is being invoiced. All supporting data is on file and available for inspection by the City.*

CERTIFIED CORRECT:

Contractor Signature Title

TO BE COMPLETED BY CITY:

*Based on my review of the services provided by this organization, I recommend payment of this invoice.*

Date

Program Monitor

*Based on my review of documentation submitted with this invoice I recommend payment of this*



City of San Antonio  
Department of Human Services Invoice Form

Attachment 3

Agency: \_\_\_\_\_ Invoice Date: \_\_\_\_\_  
Program: \_\_\_\_\_ Invoice #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Inv. Period: \_\_\_\_\_

---

Date

Fiscal Monitor

## EXTENDED PAGES FOR SALARY TOTALS

Agency: 0

Invoice Date: 1/0/1900

Program: 0

Invoice #: 0

Address: 0

Inv. Period: 01/00/00 0

[illegible]

## EXTENDED PAGES FOR SALARY TOTALS

Agency: 0

Invoice Date: 1/0/1900

Program: 0

Invoice #: 0

Address: 0

Inv. Period: 01/00/00 0

[illegible]



# EXTENDED PAGES FOR SALARY TOTALS

Agency: 0 Invoice Date: 1/0/1900  
 Program: 0 Invoice #: 0  
 Address: 0  
 Inv. Period: 01/00/00 0

Position/Title	Employee Name	Admin \$ Amount	Program \$ Amount
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# CONTRACT MONITORING REPORT

Attachment 4

Department of Human Services  
FY 2013-2014

Agency Name:  
Program Name:  
Program/Contract Year: 2013-2014

Agency Rep:  
Phone Number:  
Monitor:  
Phone Number:

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	Pgm Total
Approved Budget	P \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1	P 0	0	0	0	0	0	0	0	0	0	0	0	0
2	P 0	0	0	0	0	0	0	0	0	0	0	0	0
3	P 0	0	0	0	0	0	0	0	0	0	0	0	0
4	P 0	0	0	0	0	0	0	0	0	0	0	0	0
5	P 0	0	0	0	0	0	0	0	0	0	0	0	0
6	P 0	0	0	0	0	0	0	0	0	0	0	0	0
7	P 0	0	0	0	0	0	0	0	0	0	0	0	0
8	P 0	0	0	0	0	0	0	0	0	0	0	0	0
9	P 0	0	0	0	0	0	0	0	0	0	0	0	0
10	P 0	0	0	0	0	0	0	0	0	0	0	0	0
# Unduplicated Participants per Council District													
Council District #1	0	0	0	0	0	0	0	0	0	0	0	0	0
Council District #2	0	0	0	0	0	0	0	0	0	0	0	0	0
Council District #3	0	0	0	0	0	0	0	0	0	0	0	0	0
Council District #4	0	0	0	0	0	0	0	0	0	0	0	0	0
Council District #5	0	0	0	0	0	0	0	0	0	0	0	0	0
Council District #6	0	0	0	0	0	0	0	0	0	0	0	0	0
Council District #7	0	0	0	0	0	0	0	0	0	0	0	0	0
Council District #8	0	0	0	0	0	0	0	0	0	0	0	0	0
Council District #9	0	0	0	0	0	0	0	0	0	0	0	0	0
Council District #10	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown District or Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Unduplicated Clients	0	0	0	0	0	0	0	0	0	0	0	0	0

Remarks

Agency Signature

Date:

Monitor Signature

Date:

**City of San Antonio**  
*Department of Human Services*

## Contract Administration Plan Checklist

Checklist is used to validate the Contractor has supplied the documentation necessary to monitor performance and contract compliance adequately and is filed in the monitoring file. Checklist is to be completed within 60 days of execution of the contract.

<b>Agency Name:</b>  <b>Contract Period:</b> <b>Agency Point of Contact:</b> <b>SA 2020 Category:</b> <b>Funding Source:</b> <b>Funding Source:</b>	<b>Program Name:</b>  <b>Contract Number:</b> <b>DHS Contract Monitor:</b>  <b>Funding Category:</b> <b>Amount:</b> <b>Amount:</b>
---	---

	#	Document Description	Contract Section	N/A <input checked="" type="checkbox"/>	Yes/No	Required Prior to Contract Execution
Contact Items	1	Executed Contract				
	2	Special Provisions (if applicable)				<input checked="" type="checkbox"/>
	3	Scope of Work				<input checked="" type="checkbox"/>
	4	SA2020 Scorecard Performance Plan / BSPP				<input checked="" type="checkbox"/>
	5	Budget Forms (Total Agency Budget and Line Item Budget)				<input checked="" type="checkbox"/>
	6	Funding Guide				<input checked="" type="checkbox"/>
	7	Contract Monitoring Report (CMR) – Approved				
Agency Specific Items	8	Agency Charter (Articles of Incorporation)				
	9	Agency Bylaws				
	10	Board Roster				
	11	Board Meeting Schedule				
	12	Agency Fundraising Schedule				
	13	Cert of Tax-Exempt Status/IRS 501(c)(3)				
	14	IRS 990 or 990 T				<input checked="" type="checkbox"/>
	15	Organizational Chart				
	16	Employee Handbook/Personnel Policies				
	17	Agency policies:				
		• Drug-Free Environment				
		• Program Policies & Procedures				
		• Purchasing/Procurement				
Pro gra	19	Verification of Conflicts of Interest/Debarment of Agency and Religious Activities				<input checked="" type="checkbox"/>
	20	List of Non-Profit and Activities Registration of Employees				
	18	Holiday Schedule regulated by State Law (Program				



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		specific)				
	21	Certificate of Insurance and required endorsements				<input checked="" type="checkbox"/>
	22	Inventory Listing				
	23	Program Related Job Descriptions				
Fiscal Items	24	Agency Financial Statements/Audits				<input checked="" type="checkbox"/>
	25	Intent to Collect Program Income Form				<input checked="" type="checkbox"/>
	26	Non-COSA Funding Match Form				<input checked="" type="checkbox"/>
	27	Cost Allocation Plan				<input checked="" type="checkbox"/>

---

**Management Analyst**

Completion Date

**Senior Management Analyst**

Date of Approval

**Contract Administrator**

Date of Approval

**Agency Response:**

*Agency concurs with this report*

YES

NO

*If appropriate, please attach Agency comments to this form.*

Signature:

Date of Approval:

**City of San Antonio**  
*Department of Human Services*

**Contract Compliance Tool**

This review tool is used to validate the Agency's compliance with the contract and contract terms.

<b>Contract Period</b>	<b>Review Date</b>
<b>Agency Name:</b>	<b>Program Name:</b>
<b>Agency Point of Contact:</b>	<b>DHS Contract Monitor:</b>

**Administration of Contract**

Physical Safeguards	Yes	No	N/A
Does the Contractor use physical safeguards (locks, alarms, safes, fire extinguishers, surveillance and/or sprinkler systems, etc.) to protect City-funded property and equipment? Emphasize City-funded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Theft Policies/Employee Integrity Policy	Yes	No	N/A
Does the Contractor have an internal policy, such as an Employee Integrity Policy, to preclude theft, fraud, abuse and other criminal action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Consequences *	Yes	No	N/A
Do the policies and procedures specify consequences of illegal activities to the employee and the Contractor to include termination and possible prosecution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Detail Summary**

--

**Records, Reporting and Copyrights**

Access to Records/Files	Yes	No	N/A
Does the Contractor provide access to files, records, documents, etc. when requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reporting	Yes	No	N/A
Does the Contractor submit requested or required reports on time and as requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Confidential Information/Public Information	Yes	No	N/A
Does the Contractor protect confidential information and take reasonable steps to prevent unauthorized disclosure, dissemination, or publication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Contractor notify the City of information requests or inquiries regarding documents within 24 hours of receiving the requests for disposition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contractor's Board	Yes	No	N/A
Does the Contractor submit a Roster of current Board Members when requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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*Department of Human Services*

Submit schedule of anticipated Board Meetings for the current Fiscal Year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minutes of Board Meetings that are approved by the Contractors Board submitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the Contractor submit the Board Meeting Agenda at least three days prior to each Board meeting? This would be for any Board meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Record Retention	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Does the Contractor follow record retention requirements of the funding agency (usually three years)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Detail Summary

**Insurance**

Insurance Certificate	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Is the agency still current on all insurance requirements? If not, obtain the most recent certificate of insurance and required endorsements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expiration	<b>Yes</b>	<b>No</b>	<b>N/A</b>
If any insurance documents expired during the contract period, have they been renewed and approved by Risk Management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Detail Summary

**Applicable Laws**

*Workplace Policies	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Does the Contractor certify or through written policy the following?			
1. Non-Discrimination Policy of the City of San Antonio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drug-free workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Americans with Disabilities Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Funding Source	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Does the contractor comply with Funding Source Requirements, as applicable to grant funds listed in the named section of the contract or the City's Funding Guide, i.e. CDBG, CCDF, CSBG, ESG, HOPWA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Laws, Rules, & Regulations	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Does the contractor comply with Federal and state laws, rules regulations or codes, City charter, ordinances or rules and regulations, as listed in the named section of the contract or Funding Guide Section V; such as City Procurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**City of San Antonio**  
*Department of Human Services*

Policy, if purchasing equipment with City funds or service territories and restrictions pertaining to each contract and program?			
--	--	--	--

## Detail Summary

--

**Religious Activity**

Activities	Yes	No	N/A
During your monitoring, did you observe any questionable religious activities that would be in violation of the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Detail Summary

--

**Personnel Management**

Grievance Policy	Yes	No	N/A
Does the Contractor have established internal procedures that assure employees of an established complaint and grievance policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Holiday Pay	Yes	No	N/A
Does the Contractor pay full time employees funded through this contract for the total number of holidays authorized by the City Council for City employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Contractor observe more than the total number of holiday authorized and are those additional holidays paid from another source besides funds from this contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Job Descriptions	Yes	No	N/A
Do you have a copy from the Contractor job descriptions of funded positions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the Contractor change the job titles and descriptions as set forth in the contract and budget without prior written approval or notification and without a contract amendment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee Licenses/Certifications	Yes	No	N/A
If applicable, does the contractor have the names and license registration of any employee who is regulated by state law and whose activities contribute towards, facilitates, or coordinates the performance of this contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisory	Yes	No	N/A
Did you find that the CEO, Executive Director and/or other supervisory personnel of the Contractor involved in any capacity with program delivery of this contract supervising a spouse, parents, child, sibling, or in-law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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*Department of Human Services*

## Detail Summary

--

**Prohibition of Political Activity**

Activities	Yes	No	N/A
During your monitoring, did you observe any questionable political activities that would be in violation of the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personnel paid from City Funds	Yes	No	N/A
Has the Contractor provided all employees with a statement of prohibited activities that employees have signed, as evidenced in the employee personnel file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Detail Summary

--

**Official Communication**

Proper Notification	Yes	No	N/A
Are all <u>official communications</u> and notices in writing and mailed to the persons and addresses determined in the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address Change	Yes	No	N/A
Was a change in the Contractor's address delivered to the City within five (5) days of the change? If yes, what date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Detail Summary

--

**Equipment**

Disposal	Yes	No	N/A
Did the Contractor request written approval from the City to dispose of any equipment purchased with City funds, to include current and prior-year inventory of furniture, durable property and vehicles? (i.e. valued at \$100 or more)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annual Inventory	Yes	No	N/A
Has an annual inventory of all equipment purchased with City funds been provided to the City and do the records include the following: 1. Description of the equipment including model and serial number, if applicable	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

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2. Date of acquisition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Procurement source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Purchase order number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Vendor number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Indication of whether the equipment is new or used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Location of equipment/property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. List of disposed items	<input type="checkbox"/>		<input type="checkbox"/>

<b>Inventory Check</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Select a sample of items on the inventory listing and verify. Items were located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Lost or Stolen Items</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
If applicable, did the Contractor notify the City and deliver a copy of the official report within 72 hours from the date the Contractor discovers an item lost, stolen, missing, and damaged/destroyed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Detail Summary**

--

**Section VI – Summary/Observations/Recommendations**

Management Analyst	Completion Date
Senior Management Analyst	Date of Approval
Contract Administrator	Date of Approval

**City of San Antonio**  
*Department of Human Services*

**Agency Response:**

Agency concurs with this report	YES	NO
<i>If appropriate, please attach Agency comments to this form.</i>	Signature:  Date of Approval:	



**City of San Antonio**  
*Department of Human Services*

**Program Performance Review (PPR)**

This review tool is used to validate the performance of the Agency in meeting the scope of work, contracted performance measures and delivery of services.

<b>Contract Period</b>	<b>Review Date:</b>
<b>Agency Name:</b>	<b>Program Name:</b>
<b>Agency Point of Contact:</b>	<b>DHS Contract Monitor:</b>

**Section I – Agency Reporting Requirements**

Are the Contract Monitoring Reports (CMR's) submitted by the due date each month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Summary</i>	
Are the Contract Monitoring Reports (CMR's) complete and accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Summary</i>	
Any concerns that need to be addressed on the submittal of the monthly CMR's? (i.e. Agency provides for variances (+/- 10%) and are sufficient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Summary</i>	

**Section II – Performance Measures**

Agency must provide documentation that substantiates data reported on the monthly CMR which reflects actual services provided to-date. Contract Monitor verifies documentation.

**Measure 1**

Performance measures reported.	<b>Projected</b>	<b>Actual</b>	<b>%YTD</b>
Description of documentation provided by agency to support numbers reported on the			

**Measure 2**

Performance measures reported.	<b>Projected</b>	<b>Actual</b>	<b>%YTD</b>
Description of documentation provided by agency to support numbers reported on the CMR. Are the numbers accurate?			

**City of San Antonio**  
*Department of Human Services*

--

**Measure 3**

Performance measures reported.	<b>Projected</b>	<b>Actual</b>	<b>%YTD</b>
Description of documentation provided by agency to support numbers reported on the CMR. Are the numbers accurate?			

**Measure 4**

Performance measures reported.	<b>Projected</b>	<b>Actual</b>	<b>%YTD</b>
Description of documentation provided by agency to support numbers reported on the CMR. Are the numbers accurate?			

**Measure 5**

Performance measures reported.	<b>Projected</b>	<b>Actual</b>	<b>%YTD</b>
Description of documentation provided by agency to support numbers reported on the CMR. Are the numbers accurate?			

**Overall Assessment:**

--

**Section III - Scope of Work**

Is the agency fulfilling contracted items contained in the Scope of Work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of items or activities reviewed for scope of work services:	

**City of San Antonio**  
*Department of Human Services*

**Section V – Client Services and Operations**

Section V – Client Services and Operations	
Does the agency operate within their policies and procedures for program administration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary	
If applicable, does the agency have a written policy for client case file maintenance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Summary	
If applicable, are client case files maintained according to the agency's written policy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Summary	
If applicable, did the Program Monitor observe activity consistent with the program description and scope of work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Summary	
If interviews were conducted, did clients verify receipt of program services? (Results of Interviews: client interview questions list)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

**Section IV – Client Sample Files**

Population Size	Population Size	Sample Size
<p>Note: Sample size is determined by the size of the program. No fewer than 10 files reviewed. For larger programs, a minimum of 30 files are required. Results from sample will indicate whether additional files should be reviewed. Rule: 10 additional files. (Sample files based on population year-to-date). Review unduplicated files from previous reviews.</p>		
Section IV – Client Sample Files		
Was the agency able to retrieve all client files requested, either hardcopy or electronic form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Summary		
Did the supporting documentation verify that clients received services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Summary		

## City of San Antonio

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Did the clients sampled meet program eligibility requirements?

☐ Yes ☐ No

Summary

## Section V-Corrective Action Plan

Is the agency on a previous Corrective Action Plan?

☐ Yes ☐ No

Has the agency resolved all prior monitoring issues?

☐ Yes ☒ No ☐ N/A

Does agency need to submit a corrective action plan based on results of this review or pending corrective actions?

☐ Yes ☐ No

Describe request for Corrective Action: (Agency has 10 business days to submit a corrective action plan)

## Section VI – Agency Management

Interviews with City-paid staff verify the delivery of program services?

☐ Yes ☒ No ☐ N/A

Do interviews with City-paid staff match the duties outlined in the job description and budget?

☐ Yes ☒ No ☐ N/A

If licenses are required for City-paid staff, can the agency provide documentation of current licensure?

☐ Yes ☒ No ☐ N/A

Summary

Results of Interviews: Agency staff interview questions list

## Section VII – Summary/Observations/Recommendations

Management Analyst

Completion Date

Senior Management Analyst

Date of Approval



**City of San Antonio**  
*Department of Human Services*

---

---

**Contract Administrator****Date of Approval**

---

**Agency Response:****Agency concurs with this  
report****YES****NO**

---

If appropriate, please attach Agency comments to this form.

---

**Agency Signature:****Date:**

---

City of San Antonio  
Department of Human Services

Contract Monitoring Form

Type of Monitoring\*  
Agency Name  
Program Name  
Contract Period  
Review Date  
Program Monitor

Results of Monitoring

\*Select:

Corrective Action Follow-up  
CMR Review  
Desk Review

Site Visit  
Other

Management Analyst	Completion Date
Senior Management Analyst	Date of Approval
Contract Administrator	Date of Approval

AGENCY PROGRAMS:		Date:
<b>A.</b>	<b>Organization Data/Overview</b>	<b>Description/Notes (circle one Yes/No/NA)</b>
1	Type of entity.	
2	Agency wide total annual budget	
3	The amount of Federal Grants included in the above total budget (Other than city funds).	
4	Number of employees (agency wide) full time equivalents (FTE). Part time = .5	
5	Number of fiscal staff (agency wide)	
6	Agency fiscal year (date begins and ends)	
7	Name of External Auditor	
8	Last audited fiscal year and the date completed	
9	Accounting Software used by Agency. Provide GL code for each of your programs and a chart of accounts	
10	Does the contractor maintain the contract and program budget on file? <b>Agency to explain process</b>	Yes No NA
11	What is contractor's applicable Non-Federal share (In-Kind/Cash Match) requirement? <i>Grant funded programs.</i>	
12	Does the organization have written procedures that govern all cost? (Allowed, Allocation, Reasonableness) <i>Provide copies of processes or policies applicable</i>	Yes No NA
13	In regard to City contracts, does your agency sub-contract services to a third party? <i>If yes, on separate sheet, provide contractor name, contract amount and services provided by contractor. Include copies of contracts and detailed explanation of how agency manages and provides fiscal oversight of these contracts.</i>	
<b>B</b>	<b>Separation of Duties</b>	
14	<b>Cash Receipts/Disbursements (Provide the name of the individual who performs the various functions listed below)</b>	<b>Employee's Name</b>
(A)	Opens Mail	
(B)	Prepares check deposits	
(C)	Reconciles bank accounts	
(D)	Records miscellaneous receipts	
(E)	Authorizes disbursements	
(F)	Prepares checks	
(G)	Compares checks with vouchers	
	Other Related Duties:	
<b>C</b>	<b>Cash Management</b>	
15	For the contractor's cash management procedures for the bank account number listed below where city funds are deposited, please provide a list of check signers and their titles,	<b>Authorized Check Signer Name</b>
	<b>Provide Bank Name:</b>	
	<b>and Account Number:</b>	
(A)	Is at least one of the above signatures restricted to an official <b>not</b> responsible for maintaining accounting records? If yes, identify which one. <b>Name and Title</b>	Yes No NA
(B)	The contractor reconciles the bank statement with the ledger account each month. Ensure you document period reviewed and reconciliation is kept with review.	Yes No NA
(C)	The contractor provides a locked and secure area for blank checks to prevent unauthorized access.	Yes No NA
16	If provided advances, does the contractor use advances to pay vendors no later than 10 calendar days after notification that City check was available or ACH received? <b>Agency to explain process</b>	Yes No NA
17	A written copy of the collateral agreement with said bank, which secures the excess of the FDIC insurance limit (\$250,000), is kept with contractor. Are advanced funds deposited in a manner consistent with the Public Investment Act? (Chapter 2256 of the Texas Government Code) <b>Agency to explain process</b>	Yes No NA
18	The contractor documents reviews on all outstanding checks at least monthly	Yes No NA



19	For checks specific to DHS programs, the contractor stopped payment on all checks over 90 days old. If any, provide list of stopped checks, include check number, payee, amount and date of check on a separate sheet and documentation of stop payment		Yes	No	NA	Monitor Initials after verification
20	Staff positions in the approved budget agree with those on the payroll records. Document verification by Monitor		Yes	No	NA	
21	The contractor makes timely tax deposits for all required employees in accordance with all applicable local, state, and federal law. Document verification by Monitor		Yes	No	NA	
D	<b>Contractor Accounting System</b>					Monitor Initials after verification
22	The accounting records provide accountability over funds, property and other assets. Document verification by Monitor		Yes	No	NA	
23	The contractor's records compare actual outlays with budget amounts. Document verification by Monitor		Yes	No	NA	
24	The accounting records are supported by source documents (timesheets, employee benefits, purchase invoices etc.). Document verification by Monitor		Yes	No	NA	
25	The contractor has an accounting system that maintains:					
(A)	A cash receipts journal of city funds. Document verification by Monitor		Yes	No	NA	
(B)	A cash disbursements journal of city funds. Document verification by Monitor		Yes	No	NA	
(C)	A general ledger with an income and expense account for each budgeted line item. Document verification by Monitor		Yes	No	NA	
(D)	The filing of paid invoices showing check number, date paid and evidence of goods or services according to the expense account to which they were charged. Document verification by Monitor		Yes	No	NA	
26	When more than one contract is available, the contractor has a cost allocation plan and supportive documents. (Provide a copy of the cost allocation plan/methodology). Document verification by Monitor		Yes	No	NA	
E	<b>Travel</b>					Monitor Initials after verification
27	The contractor's reimbursement for employees' mileage billed is at a rate no higher than the rate designated by the funder for mileage reimbursement. Document verification by Monitor		Yes	No	NA	
(A)	All employees who received mileage reimbursements have required documentation of claim. Document verification by Monitor		Yes	No	NA	
(B)	The contractor has evidence of a valid Texas Driver's License for all employees who have received mileage reimbursements. Document verification by Monitor		Yes	No	NA	
(C)	The contractor has evidence of liability insurance for all employees who have received mileage reimbursements. Document verification by Monitor		Yes	No	NA	
28	All travel expenditures reviewed were authorized? (e.g. no unauthorized travel or person charged to the program were not in the budget, etc.). Document verification by Monitor		Yes	No	NA	
29	The contractor obtained prior approval from DHS for out of town travel costs. Document verification by Monitor		Yes	No	NA	
30	The contractor provided detailed documentation to DHS for all out of town travel costs. Document verification by Monitor		Yes	No	NA	
31	The out of town travel costs were within the per diem rate. Document verification by Monitor		Yes	No	NA	
32	The contractor submitted itineraries and attendance certification. Document verification by Monitor		Yes	No	NA	
F	<b>Administration</b>					Monitor Initials after verification
33	Does the contractor use funds received through DHS as matching funds for any Federal, State or Local grant? If yes, provide documentation of approval. Document verification by Monitor		Yes	No	NA	
34	Is the agency in compliance by not allowing blank checks to be signed in the contractor's bank account? Agency to explain process		Yes	No	NA	



35	Is the contractor in compliance by not issuing checks made payable to cash or bearer? <b>Agency to explain process</b>	Yes	No	NA	
36	The contractor does not issue petty cash reimbursements that in the aggregate exceed \$200 in a calendar month without original receipts and DHS's written approval. <b>Document verification</b>	Yes	No	NA	
37	The contractor has DHS's written approval and original receipts for reimbursement of petty cash monies. <b>Document verification by Monitor</b>	Yes	No	NA	
38	The contractor deposits City checks within three business days. <b>Document verification by Monitor</b>	Yes	No	NA	
39	The contractor maintains records for long distance calls, faxes and cell phone charges that are paid for with DHS funds. <b>Document verification by Monitor</b>	Yes	No	NA	
40	The contractor properly executes budget revisions (submitted prior to encumbering or expensing funds). <b>Document verification by Monitor</b>	Yes	No	NA	
G	<b>Equipment</b>				<b>Monitor Initials after verification</b>
41	Equipment and/or property purchases exceeding \$5,000 per unit cost were included in the DHS approved or revised budget. <b>Provide current inventory of all equipment or property purchased with DHS funds and document verification by Monitor</b>	Yes	No	NA	
H	<b>Program Income</b>				<b>Monitor Initials after verification</b>
42	The contractor completed and submitted a Program Income form to DHS with their contract or The contractor completed and submitted for approval a Program Income form to DHS with 30 days advance notice the program would generate income. <b>Document verification by Monitor</b>	Yes	No	NA	
43	In accordance with the DHS contract:	Yes	No	NA	
(A)	was the program income returned to the City? <b>Document verification by Monitor</b>	Yes	No	NA	
(B)	was it retained in the program with written DHS approval? <b>Document verification by Monitor</b>	Yes	No	NA	
44	The contractor submitted a statement of expenditures and revenues to DHS within 30 days of the activity that generated program income. <b>Document verification by Monitor</b>	Yes	No	NA	
I	<b>Reporting</b>				<b>Monitor Initials after verification</b>
45	Invoices for reimbursement are submitted to DHS timely and on a monthly basis. <b>Document verification by Monitor</b>	Yes	No	NA	
46	The contractor provided all required fiscal reports as specified in the contract. (Forecasts and other required reporting as it applies to each program) <b>Document verification by Monitor</b>	Yes	No	NA	
47	The contractor submitted all final fiscal reports as determined by the contract. (Within 45 days, DHS received all invoice adjustments and/or specific reports as required by DHS). <b>Document verification by Monitor</b>	Yes	No	NA	
10	<b>Agency must complete this section for referenced explanations or provide documentation</b>			<b>Prepared by</b>	<b>Agency Initials</b>
12					
13					
16					
17					
20					
34					
35					
	Agency Contact Signature acknowledgement of visit and date:				

[illegible]

**City of San Antonio**  
*Department of Human Services*

**End of Contract Review (EOC)**

Agency Name \_\_\_\_\_

Program Name \_\_\_\_\_

Contract Period \_\_\_\_\_

Funding Source(s) &  
Amounts \_\_\_\_\_

Program Monitor \_\_\_\_\_

Fiscal Monitor \_\_\_\_\_

Amount Funded \_\_\_\_\_

Amount Reimbursed \_\_\_\_\_

# Unduplicated Clients  
Contracted \_\_\_\_\_# Unduplicated Clients  
Served \_\_\_\_\_# Contracted  
Performance Measures \_\_\_\_\_# Contracted Measures  
Met \_\_\_\_\_

Remarks (Required for any performance measure not met)

Date of Program

Performance Review(s) \_\_\_\_\_

# Recommendations

made in PPR \_\_\_\_\_

PPR recommendations made and action taken by Agency:

Were all deliverables satisfactorily received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were all contract terms and conditions met?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Management Analyst

Completion Date

Senior Management Analyst

Date of Approval

Contract Administrator

Date of Approval